**ETIOPIA**

**STRATEGIC FOCUS**

The Centers for Disease Control and Prevention (CDC) Ethiopia office opened in 2001 and works in partnership with the Government of Ethiopia (GoE) to save lives, prevent new HIV and Tuberculosis (TB) infections, and strengthen health systems. Technical assistance is focused on comprehensive HIV treatment and prevention, TB/HIV, laboratory systems, and strategic information.

**Reaching HIV Epidemic Control:** CDC is supporting the GoE to reach HIV epidemic control by improving active case-finding, linkage to treatment, viral load testing, and adherence and retention of existing clients on antiretroviral therapy (ART). CDC is providing technical assistance to establish a national HIV case-based surveillance system, linked with a public health response to outbreaks or clusters of new cases. This activity is core to monitoring and sustaining epidemic control.

**Building Local Partner Capacity:** CDC, through partners, provides assistance with HIV transition strategies to achieve epidemic control. Collaborations with Regional Health Bureaus (RHBs) are building capacity for planning, coordination, execution, performance monitoring, and quality improvement of the HIV program. CDC provides support to the Ethiopia Public Health Institute (EPHI) to strengthen disease detection and response functions for sustaining HIV epidemic control, and for implementing a national integrated laboratory strategic plan, including workforce development, establishment of systems for specimen referral and information exchange, and completing laboratory construction.

**KEY ACTIVITIES AND ACCOMPLISHMENTS**

**ART Services:** CDC provided technical assistance to adopt, implement, and scale-up Test and Start strategies including rapid and same-day ART initiation in order to improve linkage to HIV treatment and clinical outcomes of clients. With CDC-support, multi-month scripting and appointment spacing for stable clients is being implemented. ART regimen optimization has been endorsed and adopted into national guidelines. Monitoring and strengthening the quality of clinical services with a focus on pediatrics and adolescents is a key activity moving forward. CDC also provided technical assistance for piloting partner notification services in ART clinics and is supporting scale-up to improve HIV case finding through contact tracing and index case testing.

**Prevention of Mother-to-Child Transmission (PMTCT):** CDC contributed to the development and implementation of tools and trainings for mother-baby cohort monitoring to improve tracking of maternal and infant outcomes. With CDC-supported programming, fiscal year (FY) 2017, program data shows 992,962 pregnant women were tested and learned their HIV status, and 15,205 HIV-positive pregnant or breastfeeding women received ART to improve their own health and to prevent HIV transmission to their children.

**HIV Prevention and Key Populations (KP):** According to FY 17 program data, 68,863 sex workers received HIV/sexually Transmitted Infections (STI) services in confidential sex worker clinics and public health facilities. As part of a strategy for sustained epidemic control and to improve access to services, CDC is supporting the creation of KP-friendly spaces in public health facilities.

**TB/HIV:** CDC supports GoE efforts to combat TB/HIV-related morbidity and mortality through improving quality of TB/HIV screening and treatment services, laboratory services, and surveillance systems. Renewed focus will be given to scaling-up TB Prevention Therapy (TPT) with the goal of reaching 90% coverage and completion rates among people living with HIV (PLHIV) who are enrolled in care.

**Viral Load/Lab:** CDC has been instrumental in increasing viral load testing coverage among eligible ART clients from 5% in FY2016 to 54% in FY2017. In Amhara region, an Emergency Operation Center (EOC) was supported and utilized for tracking high viral load results as public health emergency. This resulted in improved coordination at the lab-clinic interface and timely case management of clients with an unsuppressed viral load at the clinic level. CDC continues to strengthen HIV viral load and early-infant diagnosis scale-up, and optimal utilization of GeneXpert for TB diagnosis among PLHIV.